State of South Dakota

SEVENTY-NINTH SESSION LEGISLATIVE ASSEMBLY, 2004

347J0634

HOUSE BILL NO. 1278

Introduced by: Representatives Miles, Hunhoff, McCoy, and Rave and Senators Dempster, Brown, and Sutton (Dan)

1 FOR AN ACT ENTITLED, An Act to revise certain provisions relating to the practice of 2 respiratory care. 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA: 4 Section 1. That § 36-4C-1 be amended to read as follows: 5 36-4C-1. Terms used in this chapter mean: 6 (1) "Affiliate," the South Dakota affiliate of the American Association for Respiratory 7 Care; 8 (2) "Board," the State Board of Medical and Osteopathic Examiners; (3) "Committee," the Respiratory Care Advisory Committee provided for in this chapter; 10 (4) "Qualified medical director," the physician responsible for the medical direction of 11 any inpatient or outpatient respiratory care service, department, or home care agency. 12 The medical director shall be a licensed physician pursuant to chapter 36-4 who has 13 special interest and knowledge in the diagnosis and treatment of cardiopulmonary 14 problems. If possible, the medical director shall be qualified by special training or be 15 experienced in the management of acute and chronic respiratory disorders or both.

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1		The medical director is responsible for the quality, safety, and appropriateness of
2		respiratory care services;
3	(5)	"Respiratory care practitioner," any person with a limited temporary permit or license
4		to practice respiratory care as defined in this chapter and whose limited temporary
5		permit or license is in good standing:
6	<u>(6)</u>	"Registered respiratory therapist," a respiratory care practitioner who has successfully
7		completed a training program accredited by the Commission on Accreditation of
8		Allied Health Education Programs in collaboration with the Committee on
9		Accreditation for Respiratory Care and who has successfully completed the registry
10		examination for advanced respiratory therapists administered by the National Board
11		for Respiratory Care, Incorporated;
12	<u>(7)</u>	"Certified respiratory therapist," a respiratory care practitioner who has successfully
13		completed a training program accredited by the Commission on Accreditation of
14		Allied Health Education Programs in collaboration with the Committee on
15		Accreditation for Respiratory Care and who has successfully completed the entry
16		level examination for respiratory therapists administered by the National Board for
17		Respiratory Care, Incorporated;
18	<u>(8)</u>	"Graduate respiratory care practitioner," a person who has graduated from an
19		education and training program accredited by the Commission on Accreditation of
20		Allied Health Education Programs in collaboration with the Committee on
21		Accreditation for Respiratory Care and who is eligible to take the licensure
22		examination required by § 36-4C-8;
23	<u>(9)</u>	"Student respiratory care practitioner," a person who is enrolled in an education and
24		training program for respiratory care practitioners which is accredited by the

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Commission on Accreditation of Allied Health Education Programs and the Committee on Accreditation for Respiratory Care and who provides respiratory care under direct supervision of a licensed respiratory care practitioner who is on the premises where the respiratory care services are provided and who is available for immediate consultation.

Section 2. That § 36-4C-2 be amended to read as follows:

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36-4C-2. Respiratory care is the allied health profession responsible for the treatment, management, diagnostic testing, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system and associated aspects of other systems. Respiratory care includes therapeutic and diagnostic use of prescribed medical gases, humidity, and aerosols including the maintenance of associated apparatus; administration of prescribed pharmacologic agents; use of mechanical, hyperbaric, and physiological cardiorespiratory support; bronchoscopy; broncho-pulmonary hygiene, breathing exercises and other related cardiopulmonary rehabilitative procedures; cardiopulmonary resuscitation and the maintenance of natural airways; the insertion and maintenance of artificial airways; the insertion of devices to analyze, infuse, or monitor pressure in arterial, capillary or venous blood; and the transcription and implementation of a physician's written or verbal orders pertaining to the practice of respiratory care. Respiratory care also includes the testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment and research. Respiratory care also includes diagnostic and monitoring techniques such as the collection and measurement of cardiorespiratory specimens, volumes, pressures, and flows; the performance of such additional acts requiring education and training and which are jointly recognized by the medical and respiratory care professions as proper to be performed by respiratory care practitioners licensed under this chapter and authorized by the board observing, assessing, and monitoring signs,

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1 symptoms, reactions, general behavior, and general physical response of individuals to 2 respiratory care, including determination of whether those signs, symptoms, reactions, 3 behaviors, or general physical response exhibit abnormal characteristics; the administration of 4 pharmacological, diagnostic, and therapeutic agents related to respiratory care; the 5 administration of analgesic agents by subcutaneous injection or inhalation for performance of 6 respiratory care procedures; the collection of blood specimens and other bodily fluids and 7 tissues for, and the performance of, cardiopulmonary diagnostic testing procedures including 8 blood gas analysis; the insertion of maintenance of artificial airways; the insertion of devices 9 to analyze, infuse, or monitor pressure in arterial, capillary, or venous blood; development, 10 implementation, and modification of respiratory care treatment plans based on assessment of 11 the cardio-respiratory system, respiratory care protocols, clinical pathways, referrals and written, 12 verbal, or telecommunicated orders of a physician; application, operation, and management of 13 mechanical ventilatory support and other means of life support; hyper baric oxygen medicine; 14 advances in the art of techniques of respiratory care learned through formal or specialized 15 training; and the initiation of emergency procedures.

- Section 3. That § 36-4C-4 be amended to read as follows:
- 17 36-4C-4. The board shall appoint a Respiratory Care Practitioners' Advisory Committee 18 composed of five members as follows:
- 19 (1) Two registered respiratory care practitioners therapists;
- 20 (2) Two certified respiratory care practitioners therapists; and
- 21 (3) An individual representing the public who is unaffiliated with the profession. A physician licensed pursuant to chapter 36-4 who practices as a pulmonologist.
- Committee members shall be selected from a list of nominees by the South Dakota affiliate of the American Association for Respiratory Care. Each committee member shall serve a term

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1 of three years, except initial appointees whose terms shall be staggered so that no more than two

members' terms expire in any one year. If a vacancy occurs, the board shall appoint a person to

fill the unexpired term.

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- 4 The advisory committee shall assist the board in evaluating the qualifications of applicants
- 5 for licensure and reviewing the examination results of applicants. The committee shall also
- 6 make recommendations to the board regarding rules promulgated pursuant to this chapter.
- 7 Section 4. That § 36-4C-5 be amended to read as follows:
- 8 36-4C-5. Any person credentialed by the National Board for Respiratory Care as a registered
- 9 respiratory therapist or a certified respiratory therapy technician and holding a license to practice
- 10 respiratory care in this state may use the title, "registered respiratory care practitioner" or
- 11 "certified respiratory care practitioner" and use the abbreviations "RRCP" or "CRCP."
- 12 No person may practice respiratory care or represent oneself as a respiratory care practitioner
- or use in connection with the person's name the words or letters "RRCP," "CRCP," "respiratory
- 14 care practitioner," "licensed respiratory care practitioner," or any other letters, words, or insignia
- 15 indicating or implying that the person is a respiratory care practitioner or as as being able to
- 16 practice respiratory care, or to render respiratory care services in this state unless the person is
- 17 licensed under the provisions of this chapter. Any person who violates this section is guilty of
- 18 a Class 2 misdemeanor. A person who does not hold a license or temporary permit under this
- 19 chapter as a respiratory care practitioner or whose license or temporary permit has been
- 20 suspended or revoked may not use in connection with the person's practice the words,
- 21 respiratory care, respiratory therapist, respiratory care practitioner, certified respiratory care
- 22 practitioner, respiratory therapy technician, inhalation therapist, or respiratory care therapist, or
- 23 the letters, R.C.P., or any other words, letters, abbreviations, or insignia indicating that the
- 24 person is a respiratory care practitioner, or otherwise represent in any way that the person is a

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1 respiratory care practitioner. A person who holds a license or temporary permit to practice

- 2 respiratory care under this chapter may use the title, respiratory care practitioner, and the
- 3 abbreviation, R.C.P.
- 4 Section 5. That § 36-4C-7 be amended to read as follows:
- 5 36-4C-7. Nothing in this chapter may be construed to prevent or restrict the practice,
- 6 services, or activities of:

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- 7 (1) Any person licensed or certified in this state by any other law from engaging in the 8 profession or occupation for which he is licensed or certified who is performing 9 services within his authorized scope of practice;
- 10 (2) Any student practicing respiratory care which is an integral part of a respiratory care education program recognized by the Joint Review Committee for Respiratory 12 Therapy Education and the American Medical Association Council on Allied Health 13 Education and Accreditation or their successors. Students enrolled in respiratory care 14 education programs shall be identified as respiratory care practitioner students and 15 shall provide respiratory care only under clinical supervision A student respiratory 16 care practitioner who is performing respiratory care without compensation in a 17 clinical training capacity;
- 18 (3) Self care, or gratuitous care by a friend or family member who does not represent or 19 hold himself out to be a respiratory care practitioner;
- 20 (4) Federal employees when functioning in the course of their assigned duties;
- 21 (5) A person rendering respiratory care in an emergency;
- 22 (6) An individual A person other than a respiratory care practitioner who has passed an 23 examination which includes content in one or more of the practices included in this 24 chapter, provided that he if the person performs only those procedures for which he

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1		the person has been successfully tested and the testing body offering the examination
2		is certified by the National Commission for Health Certifying Agencies or its
3		equivalent as determined by the board;
4	(7)	An individual A person, other than a respiratory care practitioner, employed by a
5		hospital or related institution as licensed pursuant to chapter 34-12 who performs
6		simple oxygen administration, incentives spirometry or chestphysiotherapy under the
7		direction of a licensed physician, registered nurse, licensed practical nurse, licensed
8		respiratory care practitioner, certified nurse practitioner or certified physicians
9		assistant;
10	(8)	An individual A person, other than a respiratory care practitioner, employed by a
11		home medical equipment company who installs, delivers, and maintains home
12		respiratory therapy equipment but does not perform patient assessment or patient
13		care, patient education, or clinical instruction relating to home respiratory therapy;
14		<u>or</u>
15	<u>(9)</u>	A person licensed or certified to practice respiratory care in another state or foreign
16		country who provides respiratory care to a critically ill patient while the patient is
17		being transported to a hospital in this state.
18	Section 6. That § 36-4C-8 be amended to read as follows:	
19	36-40	C-8. The board may grant a temporary permit to any applicant who has completed the
20	education	requirements of this chapter or to any student enrolled in an education program
21	approved	by the Joint Review Committee for Respiratory Therapy provided that he performs
22	only thos	e duties for which he has satisfactorily completed that program's clinical competency
23	testing. T	the temporary permit confers all the privileges of a license to practice respiratory care
24	except as	limited in this section. The temporary permit is nonrenewable and expires one year

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1 following the first licensing examination for which the applicant is eligible practice respiratory

- 2 <u>care to a graduate respiratory care practitioner. The board may also grant a temporary permit to</u>
- a student respiratory care practitioner, but the permit may only allow the student to perform
- 4 those respiratory care services for which the student has successfully completed clinical
- 5 competency evaluation. A temporary permit is nonrenewable and terminates three months from
- 6 the date when the applicant becomes eligible to take the licensure examination required by § 36-
- 7 4C-9 or upon the applicant's failure to pass the examination, whichever occurs first.
- 8 Section 7. That § 36-4C-9 be amended to read as follows:
- 9 36-4C-9. Any applicant applying for a license as a respiratory care practitioner shall file a
- written application provided by the board, showing that he the applicant meets the following
- 11 requirements:
- 12 (1) Character -- Applicant shall be of good moral character;
- 13 (2) Education -- Applicant shall present evidence satisfactory to the board of having
- successfully completed the academic requirements of an educational program in
- 15 respiratory care recognized by the board. The respiratory education program shall be
- 16 accredited by the American Medical Association Council on Allied Health Education
- 17 and Accreditation in collaboration with the Joint Review Committee for Respiratory
- Therapy Education or their successor organization an education and training program
- 19 accredited by the Commission on Accreditation of Allied Health Education Programs
- 20 <u>in collaboration with the Committee on Accreditation for Respiratory Care</u>; and
- 21 (3) Examination -- An applicant for licensure as a respiratory care practitioner shall pass
- an examination recommended by the Respiratory Care Advisory Committee and
- approved by the board.